

IFWS

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/619,961
		Filing Date	July 15, 2003
		First Named Inventor	Shafqat Ahmed
		Art Unit	2812
		Examiner Name	Booth, Richard A.
Total Number of Pages in This Submission	13	Attorney Docket Number	42P13230D

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

First Class Certificate of Mailing and the stamped Return postcard

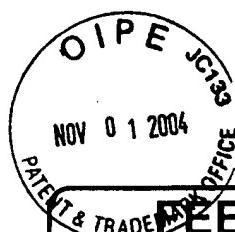
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	OCT. 29, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson
Signature	
Date	10/29/04



FEET TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
110.00

Complete if Known

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account

Deposit Account Number
02-2666

Deposit Account Name
Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	790	2001	395	Utility filing fee
1002	350	2002	175	Design filing fee
1003	550	2003	275	Plant filing fee
1004	790	2004	395	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

2. EXTRA CLAIM FEES

Total Claims	22	24** =	0	X	18.00	=	\$0.00	Fee from below	Fee Paid
Independent Claims	3	3* =	0	X	88.00	=	\$0.00		
Multiple Dependent									

Large Entity		Small Entity		<u>Fee Description</u>	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple Dependent claim, if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			0.00

*or number previously paid, if greater, For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130		2051	65	Surcharge - late filing fee or oath	
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet.	
	2053	130		2053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for ex parte reexamination	
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110		2251	55	Extension for reply within first month	
	1252	430		2252	215	Extension for reply within second month	
	1253	980		2253	490	Extension for reply within third month	
	1254	1,530		2254	765	Extension for reply within fourth month	
	1255	2,080		2255	1,040	Extension for reply within fifth month	
	1404	340		2401	170	Notice of Appeal	
	1402	340		2402	170	Filing a brief in support of an appeal	
	1403	300		2403	150	Request for oral hearing	
	1451	1,510		2451	1,510	Petition to institute a public use proceeding	
	1452	110		2452	55	Petition to revive - unavoidable	
	1453	1,370		2453	685	Petition to revive - unintentional	
	1501	1,370		2501	685	Utility issue fee (or reissue)	
	1502	490		2502	245	Design issue fee	
	1503	660		2503	330	Plant issue fee	
	1460	130		2460	130	Petitions to the Commissioner	
	1807	50		1807	50	Prospecting fee under 37 CFR 1.17(q)	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	790		1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	790		2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	790		2801	395	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	
Other fee (specify) _____							

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
110.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	Brent E. Vecchia			Date	10-29-04